201331377 FREDERICK TOLLY FREBERICK MUM. TONALD LERCY ASSHER WAN FOURINE FRANCES CRUMMITT Heap Record (Bit #3-5) 7 E. Cherch St. Frederick, Mic

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 1	8
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	9049		CERT	IFICA	TE OF D	EATH	1		Reg. D	ist. No.		010
1. PLACE OF DEATH o. COUNTY	Frederick		MA	RYLAND	2. USUAL RESID		ere decessed	d lived. If institut b. COUNTY		-	re odmis	
b. CITY OR TOWN (I Frederick	f outside corporate limit carest town)	s, write	c. LENGTH OF STA	YIN Ib	c. CITY OR TO			rote limits, write le k-Rural-			rest low	n)
d. NAME OF HOSPIT OR INSTITUTION Frederick	AL (If not in hospital, gi Memorial Ho	ve street o	ddress)		d. STREET AD		reen F	oint			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs VAN	1	Midd	SCAR	Lost BROW	N	4. DATE OF DEATH	Mor Aug	ust	Do	, s	Yeor 19 58
5. SEX Male		7. MARRII	NEVER MAR		DATE OF BIRTH	1890		9. AGE (In years last birthdoy) 00 yrs.	IF UNDER			ER 24 HRS. Min.
10o. USUAL OCCUPATION during most of world Musician	ON (Give kind of work ding life, even if retired)	one 10b. K	and Business		RY 11. BIRTHPLA			ountry)	12. CI	USA.	F WHA	TCOUNTRY
13. FATHER'S NAME Unknow	m				14. MOTHER'S	Unkr						
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FORC III yes, give wor or dates of ser WW]		OCIAL SECURITY N		Della	M. Br	rown-S	ame as I	tem #	2		
gove rise to it couse (o), stoting lying couse lost. PART II. OTH	DITE TO	PITIONS <u>CC</u>	DINTRIBUTING TO C					listu			PERF	AUTOPSY ORMED?
PART II. OTH HAIL 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in P	ort 1 or Part	t II of item 18.)			163.0] NO []
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	While	Not while	20e. PLAC facto	E OF INJURY (Herry, street, office	ome, form, bldg., etc.	20f. (City	or town)	(County)		(Stote)
alive on	But	19 3	0	1		~	PA, from ADDRESS (SI ch Str	n the causes o	and on t	last so	te stat	decease ed above ATE SIGNE 28/58
PHYSICIAN'S NAME (Type) Dr e	Rex R. Mart		22c. NAME OF CE	METERY OR		rick,	Mary					
REMOVAL (Specify)	Aug.30,19		Mount C		Cemeter		Fr	ederick,	M	[ary]		1e)
M. R. Etch	ison & Son,	Free	ADDRESS derick, M	larylar	5.4	DATE	BY REGIST		STRAR'S SI		E	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69648 CERTIFICATE OF DEATH 9050 Reg. Dist. No 东 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) pe RUBA's and give nearest town) should d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 77 YES NO F pup 2 NAME OF Middle 4. DATE Day Year DECEASED Ace DEATH (Type or print) 1958 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Min. DIVORCED [WIDOWED [YES. 2) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Infant 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO coese (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES SE NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month. Doy, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (Stole) (County) foctory, street, office bldg., etc.) Q. m. Not while of work at work Huswit, 19 5 ta 21. I certify that I attended the deceased fram, 19____, that I last saw the deceased and that death accurred at 11 1/2 M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL 220 M. Mandell should HOSPITAL PHYSICIAN'S FUNERAL NAME (Type) n BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Frederick Memorial Park Frederick, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Etchison & Son, Frederick, Maryland arthur S. Kraus DATE AUG 1 3 '58 1SM 9/55 2069202 XVI

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3060	Reg, Dist, No.
1. PLACE OF DEATH G. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negret level) ont	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Thurmont
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	9. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Robert Ralph Coffma	an Lost 4. DATE Month August 2 Day Year 19 58
5. SEX Male 6. COLOR OR RACE White Widowed Divorced Divorced	Sept. 28, 1919 38 yrs. Months Days Hours Min.
dog. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Contractor	Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Guy E. Coffman	14. MOTHER'S MAIDEN NAME Phoebe Zella
(Ver an or unknown) to (16 year give wer or dates of service)	Mrs. Ella W. Coffman Thurmont, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Could be underlying (c)	onset and death self-Self
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	(Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY A Month, Day, Year While of work of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I taok charge of the remains described about death resulted fram: Natural causes, Accident, Su	ove, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔀, and find that uicide 🔀, Homicide 🔲, Undetermined cause 🔲.
ACTUAL SIGNATURE Collections	M.D. CHIEF MEDICAL EXAMINER
examiner's Dr. B.O. Thomas	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 8-5-58 Arlington	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Raymond E. Creager Thurmont, Mar	yland paraug 5 '58 Received

the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 and Examiner's Office along with farm PM3. Page 5 may be recommented for your files.

3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after depth. cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and in farwarded to the Chief col Examiner's Office along with farm PM3. Page 5 may be reserved. cute the certificate, writing farwarded to the Chief TO FUNERAL DIRECTOR: Football 5M 9/55

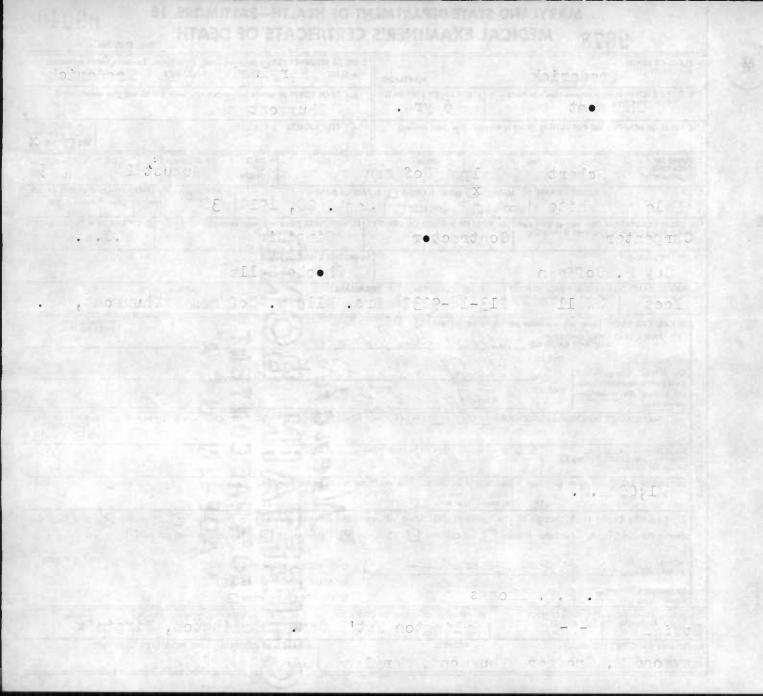
h. If any delay is necessary, please exe-g the funeral director. Page 4 shauld be

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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9079

CERTIFICATE OF DEATH

09050

1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN	2.	usual RESIDENC STATE Maryla	E (Where dec	eased liv	b. COUNTY	ni Residen		admission)
b. CITY OR TOWN RURAL and give Culler			1414 day		c. CITY OR TOWN			limits, write R			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, ai	ve street addre	ss)	5	d. STREET ADDRE	ESS	r ry	2./x	ager	e.	TS RESIDENCE ON A FARM?
3. NAME OF	Fig.		Middle		Last	4. DA	TE	Man			Year
(Type or print)	Clarence H	Evers	CRAWFO			OF	ATH	lugust		21	19 58
Male Male	6. COLOR OR RACE White	7. MARRIED	35		18/190	4	9.	AGE (In years lost birthday) 3. yrs.	Months		UNDER 24 HRS.
100. USUAL OCCUPA	TION (Give kind of work d orking life, even if retired)	ane 10b. KIND	OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	(State ar forei	gn count	7)	12. CIT	IZEN OF	WHAT COUNTRY?
Firema			ilroad		Mary	land			1	U. S	. A.
13. FATHER'S NAME				14	I. MOTHER'S MAI	DEN NAME					
John	D. Crawfor	d			Anna	Stine					
15. WAS DECEASED E	VER IN U. S. ARMED FORG		AL SECURITY NO. 1	7. INFO				Addi	ess		
No	(ii yes, give war or ourse or se		-16-0046		Hospit	al Cha	art			13	
18. CAUSE OF D	PEATH [Enter only one co									INTERV	AL BETWEEN
PART I. D	EATH WAS CAUSED BY:	Fa:	r Advance	ed I	Bilater	al Act	tive	Tube	rcu-	5	Yrs.
0027			losi	S			10.0				
Conditions, if											
gave rise to catse (a), statin	immediate (-3				
lying cause los							160				
PART II. CO	OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE	TERMINAL DI	SEASE CO	ONDITION GIV	EN IN PAR		WAS AUTOPSY PERFORMED? ES NO
20a. ACCIDENT NOR CONTRIBUTIN	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter nature of inju	ury in Part I a	Port II	of item 18.)			
20c. TIME OF INJ	10	While	OCCURRED 20e Nat while at wark	foctory.	OF INJURY (Hame street, office bld	e, form, 20f. g., etc.)	(City ar	fawn)	(0	County)	(State)
21. I certify	that I attended the	deceased f	ram 10-7-	54	. 19 to	8-2	-	1958	that I	last saw	the deceased
alive an_8	-20	19 58	, and that de	ath ac	curred at 4	: 30Am.	from t	he couses o	nd an t	he date	stated above
	$\rightarrow \sim$	A	,			ADDRES	S (Street	, city or town,	state)		DATE SIGNED
ACTUAL SIGNATURE	1.t. Kessai			M.D.	Victo	or Cul	llen	State	Но	sp.,.	Cullen
PHYSICIAN'S NAME [Type]	T. F. Ves		M. D.					rar	rland	1.	
220. BURIAL, CREMAT REMOVAL (Speci		7	Rose Hill					town, V	_ ′′	Co.,	(Stote) Md •
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			REC'D BY RE	GISTRAF	24b. REGIS	TRAR'S SIG	GNATURE	
A K Cof	fman LOR	Antieta	m St. Hage	oret.c	wn Md		0 159	1 0	71a 8	+	



may be retained by the hasp.

TO FUNERAL DIRECTOR: Af page 3 shauld be detached

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The state of the s	CONTRACTOR OF THE PARTY OF THE		

VS A1S (4) 15M 9/S5

	9051	CEKTIFI		ATH			Reg. Dist. N	o. (10	
a. COUNTY	Frederick	MARYLA	2. USUAL RESIDER	YCE (Where do		. If institutio b. COUNTY		are admiss	
RURAL ond give n	If outside corporate limits, writerest town) derick	e c. LENGTH OF STAY IN		WN (If outside ederick		mils, write RL	JRAL and give n	earest lown)
d. NAME OF HOSPI OR INSTITUTION 245	TAL (If not in hospital, give str W. Patrick St		d. STREET ADD		h St.				FARM?
NAME OF DECEASED (Type or print)	Carl	Clark	Cromwe	11.	ATE F EATH	Augus		3	1958
. sex Male	7870-1-4-0	ARRIED (NEWEX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		93	9. AC	E (In years birthday) 65 yrs.	Manths Days	-	R 24 HRS Min.
Laborer	ON (Give kind af wark dane 1 king life, even if retired)	0b. KIND OF BUSINESS OR I	Maryl	and	eign cauntry)		12. CITIZEN	S.A.	COUNTR
3. FATHER'S NAME	rd C. Cromwell		14. MOTHER'S M	a Jones					
Von	(If yes, give wor or dates of service)	277_72_777	17. INFORMANT	n C. Ta	llev-	2),5 W.	"Freder	ick-l	HC.
PART I. DEA 4443 X Canditions, if a gave rise to i caese (a), stating lying cause last.	ATH [Enter only one cause post of the winder	pertura	Mrs. Mario	de TERMINAL I	lic &	leart d	Patrick lising	St TERVAL BE NSET AND 19. WAS PERFO	TWEEN DEATH
18. CAUSE OF DEA PART I. DEA PART I. DEA Canditions, if a gave rise to i cave (a), stating lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING	ATH [Enter only one cause part was Caused BY: IMMEDIATE CAUSE (a) DUE TO Only, which immediate the under (c) DUE TO (c) HER SIGNIFICANT CONDITION (C) DUE TO (C) DUE	INS CONTRIBUTING TO DEATH	Mrs. Mario	HETERMINAL I	lic &	Least de DITION GIVI	Patrick lising	TERVAL BE SET AND SET	TWEEN DEATH

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The last			TOT WE LESS TWO	
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	followers to begin out to		Accipitation of the Artist Accipitation of the A	
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 2.3 FilmG232 8-11-58 et

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	30.44	CERTIFICA	ATE OF DEATI	H	Reg. Dist.	No
1	1. PLACE OF DEATH Frederich mem O. COUNTY Frederich	MARYLAND	2. USUAL RESIDENCE (W o. STATE		institution: Residence b DUNTY	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16 37 days.		outside corporate limits,	write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Pedesch Memories	Hospital	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) & Quella	Middle Dav	is Dattis	4. DATE OF DEATH	fang o	10 TO
	Female White WIDOWE	D DIVORCED	8. DATE OF BIRTH	74 9. AGE (In lost birth		EAR IF UNDER 24 HRS. Lys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	mo	rylana	1. III. CITIZE	N OF WHAT COUNTR
	M Wm Conaug	0	14. MOTHER'S MAIDEN	rtine P	eun +	
	15. WAS DECEASED EVER IN U. S. ARMED RØRCES? [16. S. [Yes, no. or unknown] [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. IN	10 Sgital	Records	Address	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).]	rombos.			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cose (a), stating the under-lying cause last.	elie at	in es acco	Care	V	150
	PART II. OTHER SIGNIFICANT CONDITIONS CO.	5 moren gen	eu ou			o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item	18.)	
	A Hour o. m. While	UURY OCCURRED 20e. PL/ Foc of work	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 20f. (City or town)	(Cour	nty) (State)
	21. I certify that I attended the decease alive on Charles S., 19.5	and that death	occurred at 102		uses and on the	date stated above DATE SIGNI
	PHYSICIAN'S M. McKendi	ree Boye	R			
1	220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 8-8-1958	22c NAME OF CEMETERY OF	rove	22d. LOCATION (City,	PY	(State) Md.
	23. FUNERAL DIRECTOR'S SIGNATURE	infield. M	DATAUC		REGISTRAR'S SIGNA	TURE

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Reg. Dist. No.

	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE.	before admission)
	Frederick MARYLAND	MARYIAND b. COUNTY ARI	21105
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
4	Frederick 5DAYS	UNION BRIDGE	= 06 x - 2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Frederick Memorial Hosp.	13120ADWAY	YES NO Z
	3. NAME OF DECEASED First Middle	Last 4. DATE Month	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
	The state of the s	ost birthday) Months [Poys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
	during most of working life, even it retired) EARMER - RETRED - OWNE	R MARYLAND /	1 5
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ADAM DEVILBISS	JOSEPHINE LOOKING	RILL
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Yes, no. os unknown) (If yes, give wor or dates of service) NOIVE 0	B. DEVILBISS UNION BE	21DG-EMI
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	11 / 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) Congestive	Heart failure	2 WKS
	4 20.0 DUE TO DE TO	+ 1/ -0:	10.
	Conditions, if any, which gove rise to immediate (b)	volle Heart disable	10 mest
9	coese (o), stating the under-		
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
ì	206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	1
	Hour a.m. While Not while for	LACE OF INJURY (Home, farm, 20f, (City or town) (Concern, street, office bldg., etc.)	ounty) (State)
	p. m. 19 of work of work		
	21. I certify that Lattended the deceased fram.	, 1950, to 8/2, 1950, that I lo	ast saw the deceased
7	alive on, 19, and that deat	h occurred at $LQPM$, from the causes and an the	e date stated abave.
	ACTUAL 9/2 1/ Ch	ADDRESS (Street, city or town, stote)	DATE SIGNED
	SIGNATURE / Chase	M.D. FEICHUFCH ST	0/13/58
1	PHYSICIAN'S Henry V. Chase	Frederick, Md	
	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
	BURTHE AUG 15-38 LITHERA	LY CEM. CNIONTOWN	MD
	20-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	11

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 etely filled in by the funeral director, Pages 1 and 2 should be filed with page 3 should be detached yet use as the burial-transit permit. Then please remaye carbon pare registrar prior to burial, cremation, or removal, and in any event within 72 hours affect deat is certificate has been signed by the attending physician and may be retained by the hast VS A1S (4) 15M 9/55

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		CERTIFICATE	
	groups		
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	Maria National States		
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		DE VIWC - ICUIA	
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CERTIFICATE OF DEATH

		0000		9					(eg. Dist. N	0.	
	LACE OF DEATH					JAL RESIDENCE (W	here deceased live		Residence be	fare adm	ission)
a	. COUNTY	Frederic	10	MARYLAND	G. :	Mary	land b	b. COUNTY	Frede	riek	
t	CITY OR TOWN (If autside corporate lin		c. LENGTH OF STAY IN 16	c. (ITY OR TOWN (IF					
]	Brunswie				В	runswiel	k 34				
	OR INSTITUTION	TAL (If not in hospital,	give street	address)	d.	STREET ADDRESS	1			e. IS RI	ESIDENCE A FARM?
	5	02 Bruns	wick	Street	5	02 Brun	swick S	treet		YES [NO
3. P	NAME OF DECEASED	F	rst	Middle		Lost	4. DATE OF	Month		Doy	Year
		ames	Li	lburn	Di	xon	DEATH	8	1	5	1958
5. S	EX	6. COLOR OR RACE	7. MAR	RRIED TO NEVER MARRIED		OF BIRTH	9. A		Months Day		-
	Mele	White	WIDOW			-1883		75 yrs.	July Duy	Hour	Milli
100.	. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retire	done 10b	. KIND OF BUSINESS OR INDU	STRY 11	. BIRTHPLACE (Stote	e or foreign countr	y)	12. CITIZEN	OF WHA	AT COUN
R	etired (onductor		B.&.O.R.R.Co		Maryla	nd		U.	S.A.	
13. [FATHER'S NAME				14. A	OTHER'S MAIDEN					
		James :	Dixo	n			Ann	ie Bow	en		
					NFORM	ANT		Addres	8		
(Tes	No or unknown)	(If yes, give wor or dates of	1 7	05-09-7702 N	rs.	Margare	t Diron	Brung	wi ak.	Vere	lan
		ATM Contractives of		line far (a), (b), and (c).]		mas Bas o	Danou	JDE OLID		TERVAL	
		ATH WAS CAUSED BY:			,				Ö	NSET AN	D DEATH
	110	IMMEDIATE CAUSE (-	erebral Thron	to the same of the	15					
	420.0	DUE TO	o An	igina pectori	S						
	Conditions, if a	, ,	b)								
	gave rise ta i cause (a), stating)						155		
	lying couse last.		c)								
8	PART II. OT	HER SIGNIFICANT CO	NOITIONS	CONTRIBUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(a	19. WAS	S AUTOPS
Ę										1 -	NOF
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter	nature of injury in	Port 1 or Part II a	f item 18.)			
ER	OR CONTRIBUTING	MEDICAL EXAMINER									
		RY Month, Day, Y	20d	INJURY OCCURRED 20e. Pt	ACE OF	INJURY (Hame, for	m 204 (City of 1	lawa	(Coun	h)	(Sta
MEDICAL	Hour a.m.		While	Not while	ctary, str	eet, affice bldg., et	c.)	o,	(Coon	71	(316
W	p. m,	19	at wa	ark of work				1			
	21. I certify th	nat I attended the	e decea	sed from July 16	2,	1958_, to_A	ug. 15	1958	that I last	saw the	e dece
	alive on Aus	at he	. 19	58 , and that death	accui						
	01110 01111111			The state of the s			ADDRESS (Street,				DATE SIG
	ACTUAL =			RM1		7 E C 11				iale	Q T
	SIGNATURE				M.D		aryland	AYE.	KANAM	# Altry	0-10
	PHYSICIAN'S	m Darmo	n To	MD		Brunswi	ck, IId.				
	NAME (Type) U	T. Byro		io, M.D.							
220	BURIAL, CREMATIC)		22c. NAME OF CEMETERY C	R CREM	ATORY	22d. LOCATION				ate)
]	Burial	8-19-1	958	Lutheran			TOAGE	tsvill	9	rg	inis
23.	FUNERAL DIRECTOR			ADDRESS		24a. REC	D BY REGISTRAR	24b. REGIST	RAR'S SIGNA	TURE	
13	1 ho too	72 B:	runs	wick, Marylan	d	DATEST	G 2 6 '58	O.II.	n 8 4600		

Apletely filled in by the funeral director, papers. Pages 1 and 2 should be filled with oth. uted within 24 haurs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executingly be retained by the host itel or attending physician.

TO FUNERAL DIRECTOR:

this certificate has been signed by the attending physician and page 3 shauld be detached or use as the burial-transit permit. Then please remave carbon page the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND S	TATE DEPARTA	MENT OF HEALTH	-BALTIMORE, 1	09055
9080	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY	ere deceased lived. If institution b. COUNTY	n: Residence before admission) EREDERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WOODS BORO	LENGTH OF STAY IN 16	1	utside corporate limits, write RU SBORD	RAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION	dřess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROBERT JE	Middle	DOIYSIFE	4. DATE Mont OF DEATH Augus	6
M WIDOWED		8. DATE OF BIRTH MAR 26 - 18	18 lost birthday) 80 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH ON	ND OF BUSINESS OR INDI	MARI	LAND	12. CITIZEN OF WHAT COUNTRY?
OTHO DONS		14. MOTHER'S MAIDEN N	GEESE	<i>y</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17.	ELESTE DON	SIFE WO	ODSBORO MD
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-f. B.	money the	ombori	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO DUE TO (b) (b) (c)	nouluste	esdio vo	scular dise	ase Several year
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While of work [_ Not while to	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on		h occurred at 2115 FC		that I last saw the deceased and an the date stated above. DATE SIGNED Lived - Aug 11/5
PHYSICIAN'S E. H. DETT	BARN	WAL	KERSVIL.	HE MO
BURIAL AUG 14-1958	MT H	OPE	22d. LOCATION (City, town, or WOODS BO)	ro mo
23. FUNERAL DIRECTOR'S SIGNATURE	odsbaro.	no I		RAR'S SIGNATURE

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Sletely filled in by the funeral director, rs. Pages 1 and 2 shauld be filed with ed within 24 haurs after death. Page I ar attending physician.

is certificate has been signed by the attending physician and a use as the burial-transit permit. Then please remave-carbon papmatian, ar remaval, and in any event within 72 hayt's after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec page 3 shauld be detached the registrar prior to burial, may be retained by the har VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

the registrar prior to burial, cremation, or removal, and in any event within 72 haury affer death

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vis certificate has been signed by the attending physician and use as the burial-transit permit. Then please remave carbon pr

ar attending physician.

may be retained by the haspital page 3 should be detache

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 Film0233 9-2-58 et CERTIFICATE OF DEATH

9054

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY F	rederick		MARYLA		o. STATE Maj	(Where decease ryland	ed lived. If institu b. COUNT	v _	reder	
b. CITY OR TOWN RURAL and give Frede		ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN		orole limits, write	RURAL and	give neare	st town)
d. NAME OF HOSP OR INSTITUTION	121 Ice St		address)		d. STREET ADDRES					IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	Harry		Middle nore Dorse	У	Last	4. DATE OF DEATH		anth	21 Doy	Year 1958
S. SEX	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH	Approx	9. AGE (In year last birthday) 78 yr	Months		UNDER 24 HR
10a. USUAL OCCUPAT during most of we Farmers He	ION (Give kind af wark orking life, even if retired	done 10b.	KIND OF BUSINESS OR	1	Montgo	mery Co.		12. CII	IZEN OF	WHAT COUNT
13. FATHER'S NAME					4. MOTHER'S MAID					
	Inknown					knovm				TO M
(Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of the		SOCIAL SECURITY NO.	17. INFC				ldress	- 1	27.2
No		U	nknown	Pe	arl Dorse	y I	21 1ce S	treet	Fred.	Md.
Conditions, if gove rise to case (a), stoting in groups last	g the <u>under</u> DUE TO)	SONTRIBUTING TO DEAT	les					2	AND DEATH
<u> </u>								IVEN IN PAK		PERFORMED?
	VAS UNDERLYING DIEG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (inter nature af injur	y in Port 1 or Pa	rt II of item 1B.)			
20c. TIME OF INJU	10	ar 20d. I While at wor	Nat while	Oe. PLACE factor	OF INJURY (Home, , street, affice bldg.	farm, 20f. (Cit	y or tawn)	(1	Caunty)	(Stal
actual SIGNATURE PHYSICIAN'S	that I attended the		ed from. 7-, and that d	/— leath or M.D	356	ADDRESS (S		and an t	he date	DATE SIGN
NAME (Type)	Rex Martin ON, 22b. DATE THEREC)F	22c. NAME OF CEMET			22d. 1OCA	TION (City, town	, or caunty)		(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	Fre	ADDRESS ederick, Md.		24a.	REC'D BY REGIS	TRAR 24b. REC	Carthur	GNATURE	u.a.

TE OF DEATH	CHORICA	
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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9055 CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	Frederick		N	ARYLAND	2. USUAL I		here deceased rland	lived. If instituti b. COUNTY		Frede:	
b. CITY OR TOWN	N (If outside corporate limi e negrest town) CK	ls, write	c. LENGTH OF S	TAY IN 1b	c. CITY	Doubs		ote limits, write R	URAL ond giv	e nearest to	vn)
d. NAME OF HOS OR INSTITUTION Frederick	SPITAL (If not in hospitat, g	spit	oddress) al		d. STRE	ET ADDRESS				ON	A FARMS
3. NAME OF DECEASED (Type or print)	fir AF	BRAM		iddle RANDT	EA	Lost RHART	4. DATE OF DEATH	Mor Augu		Day	Year 19 58
S. SEX	6. COLOR OR RACE				B. DATE OF I			9. AGE (In years lost birthdoy)		YEAR IF UNI	7
Male 100. USUAL OCCUPA during most of v Shoe—Sal	White TION (Give kind of work overking life, even if retired e sman	-	-	SS OR INDU	Janua STRY 11. BIRT	HPLACE (Stote	or foreign co	yrs.	12. CITIZ	EN OF WHA	AT COUNTRY
13. FATHER'S NAME				. 147.2	14. MOTH	R'S MAIDEN N					
	Inknosn					Unkn	nown				•
Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY 20–18–06		informant Irs. Mi	nnie C.	Earha	rt-Same		em #2	
Conditions, if gove rise to couse (o), stotillying couse to	immediate and the under-			6				the miles		3.11	
ICATI	OTHER SIGNIFICANT CON								EN IN PART I	PERF	ORMED?
OR CONTRIBUTII	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUI	RY OCCURRE	D. (Enter notu	re of injury in I	Port † or Port	II of item 18.)			
20c. TIME OF INJ	10	20d. II While of wor	Not while of work	to	ACE OF INJUI	RY (Home, form ffice bldg., etc.	, 20f. (City	or town)	(Cou	unity)	(Stote)
	that I attended the Quay 26 Dr. Rex R. 1	19	Parter		occurred	at 2:30	PM, from ADDRESS (Sie ch Stre		and an the	date sta	e deceased ted above PATE SIGNED 27/50
220. BURIAL, CREMAT REMOVAL (Speci Burial	fion, 22b. DATE THEREO Aug. 29.1		Mount		R CREMATOR			ON (City, town, c		(Sto	yland
23. FUNERAL DIRECTO			ADDRESS				D BY REGISTE	RAR 24b. REGIS	STRAR'S SIGN	ATURE	Land

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9056 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Lifetime Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 214 W. Patrick Street YES NO NO W. Patrick Street NAME OF First Middle Last 4. DATE Month Day Year DECEASED Heffner August 58 Samuel Ebert (Type or print) DEATH 19 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO MEYER MARRIED TO 8. DATE OF BIRTH last birthdoy) Months Days Hours Male White MIDOWED THE DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Chauffeur Private driving Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward C. Ebert Annie Neff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Yes John E. Ebert-West Patrick St.-Frederick-Md. WWar None 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work at wark 21. I certify that I attended the deceased fram 19 2 Athat I last saw the deceased and that death occurred at 5 from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S North Market Street - Frederick, Maryland Dr. B. O. Thomas NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Maryland Frederick Olivet Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE W. ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Frederick-Maryland arthur S. Traus DATE OUD 2



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CERTIFICATE OF DEATH

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	3004				Keg. I	Dist, No.	
PLACE OF DEATH		44404444	2. USUAL RESIDENCE (W	here deceased liv	ed. If institution: Resid	ence before admi	ission)
	Frederick	MARYLAND	Mary		Fi	rederick	
b. CITY OR TOWN ((If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporote	limits, write RURAL one	d give nearest to	wn)
KOKAE GIIG GIVE I	Frederick	Lifetime	// Fred	erick			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, give street	address)	d. STREET ADDRESS			e. IS R	ESIDENCE A FARM?
OK INSTITUTION	200 Thomas Aver	nue	200	Thomas A	venue		ON N
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeor
(Type or print)	Samuel	\mathbf{L}_{ullet}	Eppley	OF DEATH	August	21	1958
. SEX	6. COLOR OR RACE 7. MARR	HED IN NEW MARKET THE	B. DATE OF BIRTH	9.		ER 1 YEAR IF UN	DER 24 HRS
Male	White with	HOTELSHOWN SEED (2)	* April 1-188	3	75 yrs. Months	Days Hour	Min.
	ION (Give kind of work dane 10b.				2 0	ITIZEN OF WHA	AT COUNTE
during most of wor	rking life, even if retired)					77 C A	
3. FATHER'S NAME	Packing Room I	Hosiery Mill	Marylan			U.S.A.	
	Francis Eppley			ase Eppl			
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		INFORMANT		Address	Mar	vland
No	2	214-10-3417 Mr	s. Samuel L.	Eppley-2	00 Thomas	lve -Fre	deric
18. CAUSE OF DE	ATH [Enter only one cause per li	ne for (a), (b), and (c).]				INTERVAL	BETWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Visauis 1	Myseau	litio		ONSET AN	D DEATH
1122	DUE TO		1				1.0.
Garattian it	6	7- 1 De	00 1			in	LINT
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cotse (a), stating	the under- DUE TO						
fying couse last.	, (0)						
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN IN PA	PERF	ORMED?
5						YES [] NO []
OR CONTRIBUTING	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Part I or Part II	of item 18.)		
	Y MEDICAL EXAMINER)						
20c. TIME OF INJU Hour o. m.			LACE OF INJURY (Hame, for	m, 20f. (City or	town)	(County)	(State
Hour o. m.	19 While at war	IAOI MUIIE }	octory, street, office bldg., et	C-)			
			09	due 18	- 67'		
1	that I attended the deceas			eng 18	, 19, that		
alive on_CL	46 1. 19.	, and that deat	h occurred at 6:15				
	1 HANO		7.0	ADDRESS (Street	, city or town, state)	4	DATE SIGN
ACTUAL SIGNATURE	117/1	me	M.D. TEder	uan h	10.711M	116181	Lug
		The state of the s					1
PHYSICIAN'S NAME (Type)	Dr. H. F. Kline	3	7 North	Market S	t., Freder	ick, Mar	yland
20. BURIAL, CREMATIO	ON, 22b. DATE THEREOF	22c, NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION	V (City, tawn, or caunty	151	ote)
REMOVAL (Specify Burial		Mt. Olivet C			ick-Maryla		,
3. FUNERAL DIRECTOR	0-27-27	ADDRESS					-
1 6 00	R 3 SIGNATURE	Frederick-Mar	_	D BY REGISTRAL	24b. REGISTRAR'S	SIGNATURE	
1	and Ch Albora	12	VICILILLI IDATE	- comments			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 3 should be detached to use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haur after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3030	Reg, Dist.	. No.
1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence of STATE Maryland b. COUNTY Fre	e before admission) ederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick c. LENGTH OF STAY IN 1b Hour	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) D. O. A. Frederick Memorial Hospital	/d. STREET ADDRESS 312 West Patrick Street	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) LILLIAN FLORENCE		8, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED A DIVORCED	B. DATE OF BIRTH June 4, 1933 9. AGE In years IFUNDER IY 25 Months Da	
) Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) Reg • Practical Nurse Hospital	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE Maryland	N OF WHAT COUNTRY? USA
13. FATHER'S NAME Claude William Fogle	Nora Maude Hurst Holt	
(Yes on as unknown) 1 (M use also use as dates of semina)	nformant Address s. Nora M. Holt, \$00 Fairview Ave.	,Frederick,
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gun Shot Wound of Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.		INTERVAL BETWEEN ONSEE AND DEATH THE HOURS
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (II Self-Inflicted		(o) 19. WAS AUTOPSY PERFORMED? YES A NO
	Enter noture of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year You While of work	CCE OF INJURY (Home, form, 20f. (City or town) (Count tory, 1766, 1862, etc.) Near Frederick,	y) (Stote)
21. I certify that I took charge of the remains described about death resulted from: Natural causes, Accident, Suit	ove, held an Autopsy 🔼, Inspection 🔼, Inquiry icide 👗, Homicide 🔲, Undetermined cause 🗍.	and find that
SIGNATURE DISHONALS	M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
EXAMINER'S 12.0. Thomas	DEPUTY MEDICAL EXAMINER	8/9/58
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 11,1958 22c. NAME OF CEMETERY OR Union Chapel	Cemetery Frederick County,	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryla	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN. and Date AUG 1 3 '58 Outland S. #	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 2,5 the funeral director. Page 4 should be forwarded to the Chief. So I Examiner's Office along with form PM3. Page 5 may be seed for your files.

TO FUNERAL DIRECTOR: 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, cute the certificate, writing the ward "pending" in pencil in Item 18. Giv forworded to the Chief col Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: 3 should be used as a burial-transit permit. VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF SEATTH-CAUTHORS, 18 BOBS - MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE Maryland Frederick b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Frederick 2 Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Frederick Memorial Hospital ON A FARM? 107 West Second Street YES NO NAME OF First Middle 4. DATE Day Year DECEASED ARTHUR PERCY FORSYTH (Type or print) DEATH 22, 1958 Autust 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Male White WIDOWED DIVORCED T November 13, 1875 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Retired Kawkey Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur P. Forsyth Amanda Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No None Mrs. James Grove (Same as item #2) 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 8 Hours Fractured Skull IMMEDIATE CAUSE (o) DUE TO Subdural Hemorrhage Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying Lacerated Brain couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? NOF 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Fell from a wagon load of Hay 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.) Aug. 22 1958 While at work of work Cooksville-Howard-Maryland Home 21. I certify that I took charge of the remains described above, held an Autopsy KI, Inspection XI, Inquiry XI, and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas, M. D. 8-23-58 NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 8-26-58 Oak Grove Cemetery Burial Glenwood, Howard County, ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur & track DATE AUG 2 7 '58

1. 11 420 March 100 Miles Committee Lands 1 1910 L ----

CERTIFICATE OF DEATH

Reg. Dist. No.

	LACE OF DEATH	ederick		MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE Mary.		d lived. If institution b. COUNTY	_	e before d	
	RURAL and give ne	outside corporate limi orest town) Rural—R.D.	11-	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a		role limits, write Rt		ive neares	t town)
	NAME OF HOSPIT	AL (If not in hospital, g Market		7		d. STREET ADDRESS Near N					IS RESIDENCE ON A FARM?
3. P	NAME OF (ALS	o Known Ass JO		n David Gor DAV		Lost GARMAN	4. DATE OF DEATH	Mont Augr		Doy 21	Yeor 1958
5. S	Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE		October 27,	1905	9. AGE (In years lest birthdoy) 52 yrs.			UNDER 24 HRS.
10a.	USUAL OCCUPATION during most of work Farming	N (Give kind of work or ing life, even if retired	ione 10b.	KIND OF BUSINESS OF	R INDUS	ry 11. Birthplace (Stole Penna		ountry)	12. CITI	ZEN OF V	WHAT COUNTRY?
13.	FATHER'S NAME Joh	n D. Garma	n			14. MOTHER'S MAIDEN N	nown				
(Yes.		R IN U. S. ARMED FOR It yes, give wor or dates of s	rvice)	SOCIAL SECURITY NO. 17-30-5467		s. Gertrude	Garmar	Addr 1—Same as		#2	
7	Conditions, if argave rise to in couse (o), stoting lying cause lost.	the <u>under-</u> DUE TO									AND DEATH Hour
FICATION						NOT RELATED TO THE TERMI			EN IN PART	1	PERFORMED?
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of injury in I	Port I or Port	t It of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour a.m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while tk at work	20e. PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc	1, 20f. (City	or town)	(C	ounty)	(Stole)
	ACTUAL SIGNATURE	at I attended the	19.	and that		Peofession	ADDRESS (Se	ilding	nd an th		
220.	BURIAL, CREMATION REMOVAL (Specify) Burial	Or . B. O. T N. 22b. DATE THEREO Aug . 24,	F	22c. NAME OF CEME		Frederick, CREMATORY CEMPTORY	22d. LOCA	TION (City, town, o		. Mai	(Stote)
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS derick, Man		24a. REG	DBY 2EGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 etely filled in by the funeral director, Pages 1 and 2 shauld be filed with page 3 should be detached. Use as the burial-transit permit. Then please remaye carbon papers. the registrar prior to burial, cremation, or remayal, and in any event within 72 hays after death. is certificate has been signed by the attending physician and may be retained by the hospital page 3 should be detached

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VS A15 (4) 15M 10/57

PERSON OF THE CERTIFICATE OF DEATH ALC: N. GALLERY TO SEE Service Testing Landing ALCOHOL STATE OF THE STATE OF T Howard of Mint, I milities of a state of the stat HE WELL TO THE STATE OF THE STA and the state of t

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TO FUNERAL DIRECTOR: VS A15 (4) 1SM 9/55

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letely filled in by the funeral director, s. Pages I and 2 should be filed with D FUNERAL DIRECTOR: At the his certificate has been signed by the attending physician and compage 3 should be detached now use as the burial-transit permit. Then please remove carbon papers, the registrar priar to burial, crematian, ar removal, and in any event within 72 hour affer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTOR: All page 3 shauld be detached to VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	9060		CER	TIFICA	TE OF I	DEATH	1		Reg. D	ist. No.	(1)	3400
1. PLACE OF DEATH o. COUNTY Fr	ederick		MA	RYLAND	2. USUAL RES	Mary		lived. If instituti b. COUNTY			re odmiss	
b. CITY OR TOWN (II RURAL and give ne Frederick	f outside carporate limi arest tawn)	its, write	c. LENGTH OF ST	- 11		rown (if o		rate limits, write F	RURAL and	give nec	prest fow	n)
d. NAME OF HOSPIT. OR INSTITUTION Frederick	AL (If not in hospitol, s Memorial	ospi	oddress)		/ d. STREET / 328		Churc	h Street				FARM?
3. NAME OF DECEASED (Type or print)	Fid LLO		Mid ALP	die HIUS	GROSS	, NICKL	4. DATE OF DEATH	Moi Aug	ust	24,		Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MAR WIDOW			. DATE OF BIRT		1893	9. AGE (In years last birthday) OLL yrs.	Manths	Days	IF UND Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Buffer	DN (Give kind of wark ing life, even if retired)	KIND OF BUSINESS			arylai		ountry)	12. CI		USA	COUNTRY?
13. FATHER'S NAME					14. MOTHER				D			
	onard A. Gr			un las ma			wary E	lizabeth		ier		•
15. WAS DECEASED EVER	It yes, give wor or dates of s	arvical	19-14-8 10		• Mark	H. Bal	ker-Sa	me as It	iress em #2	2		
493 X Canditions, if or gave rise to in cause (a), stating t lying cause last.	the <u>under-</u>)	heumo								Z±	days
САТІС	Artenus	0	etic lee	1 1	NOT RELATED TO		NAL DISEASI	E CONDITION GIV	VEN IN PAI	RT 1(0) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	(Enter nature	of injury in I	Part I ar Port	II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	19	While at wa	rk 🗌 ot wark 📋	fact	CE OF INJURY ory, street, offic	e bldg., etc.	1			County)		(Stote)
actual Signature	at I attended the	12	Ser, and th	at death	occurred at	10:15	P.M. from	the causes of reet, city ar tawn,	and on t		te state	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF C	10.00	CREMATORY		22d. LOCAT	ION (City, fown,	,,	2	(Stat	re)
23. FUNERAL DIRECTOR'S M. R. Etch			ADDRESS ederick,	TELL		2475	MIC 2 7		STRAR'S SI	GNATU	RE	

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h. If any deloy is necessary, please exe-p the funeral director. Page 4 shauld be ted far your files. 2 with the registrar pria TO DEFUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after d cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and farwarded to the Chief ical Examiner's Office along with farm PM3. Page 5 may be 1 TO FUNERAL DIRECTOR: The 3 should be used as a burial-transit permit. File pages 1 and 2

cute the certificate, writing farwarded to the Chief TO FUNERAL DIRECTOR: or remaval VS. A15ME(5) 5M 9/55

7 7 7 2			Keg. I	JIST. NO.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	deceosed lived. If institution: Resident \mathbf{R}	dence before admission) rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	e. LENGTH OF STAY IN 16 Hours	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL or ck -Rural-R.D.#2	nd give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Frederick Memorial Hospita		d. STREET ADDRESS Ball Ro	pad	e, IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) GEORGE	Middle WASHINGTON		DATE Month OF August	21, Year 19 58
5. SEX 6. COLOR OR RACE 7. MARRIER WIDOWED		DATE OF BIRTH June 30, 1899	9. AGE (In years 59 birthday) yrs. Manths	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	ind of Business or Industruming Factory	Naryland	preign country) 12. Cl	USA
13. FATHER'S NAME George W. Haller, Sr.		14. MOTHER'S MAIDEN NAME Netti	le Hamilton	
(Yes, no, or unknown) 1 (If yes, give war or dates of service)		George W. Hal	Ller 3rd ,220 Sou	th, CarrollanSt
420.1 DUE TO	or (e), (b), and (e),] DCARDIAL INFARCE RDIOVASCULAR DI			INTERVAL BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				RT 1(a) 19. WAS AUTOPSY PERFORMED? YES 2 NO
20c, TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm, 20, street, office bldg., etc.)		iunty) (Stote)
Hour o. m. 19 While of wark 21. I certify that I took charge af the redeath resulted fram: Natural causes 10	k ot work emains described abov	re, held an Autapsy 🚣		ry 🔼, and find that
SIGNATURE BOShows	are-	M.D. CHIEF MEDICAL EXAMI		DATE SIGNED
EXAMINER'S NAME (Type) Dr. B. O. Thomas		DEPUTY MEDICAL EXAM	77	8/21/58
Burial Aug. 25,1958	Mount Olivet		LOCATION (City, town, or county) Prederick,	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son. Fred	ADDRESS	240. REC'D BY		
Wa Ha Pibellisun & Duna Free	TELTCK MIGHT VIGI	ILL DATPTOUL	L Numers	Tientel

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		9085	CERTIFIC	ATE OF DEAT	Н	Reg. Dist	,, ,	068
1.	PLACE OF DEATH G. COUNTY	vederick	MARYLAND	2. USUAL RESIDENCE (No. STATE M2)		OUNTY	before admission	en)
	b. CITY OR TOWN (If a	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	fautside carporate limits	, write RURAL and gi	ve nearest tawn)	
-	KUr21-	Mt.Hivy	4 m.o.	X Rural	- Mt. Airy	- Route	4	
L	or institution	L (If not in hospital) give stre C - G/isc	16'11 11 . 1	d. STREET ADDRESS	n. Mill Ro	ad.	e. IS RESID ON A F YES DO	ARM?
3.	NAME OF DECEASED (Type or print)	Charles	Augustus	Harris	4. DATE OF DEATH	Month 18USE 7	,	58
L	Male	Colored WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH December 5	1873 9. AGE (1 lost bit 84	In years IF UNDER 1 Manths C	YEAR IF UNDER	_
10	a. USUAL OCCUPATION during mast af warkin	g life, even if refired)	Farm	ISTRY 11. BIRTHPLACE (SIO	te ar fareign cauntry)	12. CITIZ	LEN OF WHAT C	OUNTRY?
13	FATHER'S NAME	chard Ha	rris	14. MOTHER'S MAIDEN	11	iev		
		N U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. None	MYS, Mary	Harris	Address 5'd m	P	
	PART I. DEATH	(Enter anly ane cause per WAS CAUSED BY: WMEDIATE CAUSE (a) DUE TO Which (b)	Acute Cor	omary the	rom bosis		INTERVAL BETY ONSET AND D I'M ME	SEATH didt +
	gave rise to immodule cause (a), stating the lying cause last.	nediate (Dur TO		7,000	V 13(63)			
CERTIFICATION	PART II. OTHER	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AL PERFOR	MED?
	200. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item	18.)		
MEDICAL	20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Year 20d 19 White	le _ Nat while 1 to	ACE OF INJURY (Home, far ictory, street, affice bldg., e	m, 20f. (City or town)	(Co	unty)	(State)
	21. I certify that alive onA	l attended the dece	ased from July and that death	, 19.58, to occurred at 8 A		uses and on the	date stated	above.
	ACTUAL SIGNATURE	was Cu	lwell	M.D	ADDRESS (Street, city of	or town, state)	AU0, 2	E SIGNED
	PHYSICIAN'S NAME (Type)		1/well		uryland	/	0	
L	BREMOVAL (Specify)	8-27-58	Della A. M.		22d. LOCATION (City Frederick	c County M.	aryland	
23.	M. R. Etch		ADDRESS Frederick Marvi		ALIC 2 5 158	b. REGISTRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Braddock Heights	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Braddock Heights
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS • IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EJua B	Hoffman OF DEATH AU9 9 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NIEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Months Months Days Months Mont
DRY CLEANING BUSINESS DRY CLEANING 3. FATHER'S NAME	GREENVILLE PENNA. U.S.A. 14. MOTHER'S MAIDEN NAME
(Yes, no, or unknown) (It yes, give war or dates of service)	ALICE BUMPUS Address MRS.M.D.MONTAGUE 7909 ORCHID ST.N.WWASH.D.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	yocardial my favetion interval Between onset and Death Similarity
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Coron any DUE TO	Jelevosis 5 means
200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part I or Part 11 of item 18.)
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) tary, street, affice bldg., etc.)
21. I certify that I attended the deceased from \$ 14 attended	occurred at 1259 M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED N.D. 24 N Market ST
PHYSICIAN'S S.A. SCHOOLMAN, M. D.	Frederick Mid
220. BURIAL, CREMATION, PRINCE STREET, PRINCE STREE	CREMATORY 22d. LOCATION (City, town, or county) (Stote) LN CEMETERY PRINCE GEORGES COUNTY, MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MARTIN W. HYSONG COMPANY-1300 N.ST, N.W.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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	3077	CERTIFIC	AIE OF DI	EAIH		Reg. Dist. N	lo.
1. PLACE OF DEATH a. COUNTY F1	rederick	MARYLAND		NCE (Where decease	ed lived. If instituti b. COUNTY	Freder	fore admission)
Brunswi	outside corporate timits, write prest town) CK	c. LENGTH OF STAY IN 18	Brunsw	WN (If outside corp			
d. NAME OF HOSPIT	AL (If not in hospital, give stree 3 East ¹¹ B ¹¹	et address)	d. STREET ADD	1 -	ast "B"		o. IS RESIDENCE ON A FARM? YES NO 13
3. NAME OF DECEASED (Type or print)	First Nora	M Middle	lost	4. DATE OF DEATH	Mor	3-18	Day Year 1958
5. SEX Female	THE SAME AS	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	883	9. AGE (In years last-tithday) yrs.	Months Day	AR IF UNDER 24 HR9. Hours Min.
10a. USUAL OCCUPATIOn during most of work Housewife 13. FATHER'S NAME	N (Give kind of work done 10) ing life, even if retired)	Home	Mary	land	country)		OF WHAT COUNTR
	rank Moore		14. MOTHER'S M		la Myers		
	IN U. S. ARMED FORCES? If yes, give wor or dates of service		informant Ir Earnes	t M.Hous	Add ser, Char		n,W.Va.
Conditions, if on gove rise to in cause (a), stating t lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY (IF EITHER, NOTIFY)	mediate (CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	HE TERMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b. DE [] CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in Part I or Pa	rt II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Whil		PLACE OF INJURY (Ho factory, street, office b	me, form, 20f. (Cit	y or town)	(Count	y) (Stote)
olive on	attended the deced	, and that dea	th occurred do			and on the d	saw the decease lote stated abav DATE SIGNE
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION	C.E. Pruit	22c. NAME OF CEMETERY	OR CREMATORY	22d, LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	8-21-1958	Mountain	View	Shar	psburg	Mar	yland
23. FUNERAL DIRECTOR'S	1	ADDRESS Wick.Marylan		4a. REC'D BY REGIS	150	STRAR'S SIGNAT	

may be retained by the hergital or attending physician.

• FUNERAL DIRECTOR: this certificate has been signed by the attending physician and propers. Pages I and 2 should be filed with the registrar prior to buriol, crematian, or remaval, and in any event within 72 fours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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may be retained by the by TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/55

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		3001	CEKTIFICA	AIE OF DEAIR	1	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary		ian: Residence before admission) Epaderick
	b. CITY OR TOWN (IF RURAL and give ner WOODS DO	outside carporate limits, write arest town)	Several hrs		utside carporate limits, write l Ridge	RURAL and give nearest tawn)
		AL (If nat in hospito), give stree	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	RNEST-FI	LOYD- KEI	LHOLT >	4. DATE Mo OF AUGU	st 5 1958
	sex fale	T 71. 9 L	ARRIED NEVER MARRIED DIVORCED	8. Date of 818th Dec. 26, 18	9. AGE (In years law byrthday) yrs	
10: I	during most of work	N (Give kind of work done 10 ing life, even if retired)	Own business or indu			U.S.A.
13.	John D	. Keiholtz		14. MOTHER'S MAIDEN N	- 17	
(X			16. SOCIAL SECURITY NO. 214-34-9778	NFORMANT Vernon Keik		dress nitsburg, Md.
TION	Canditions, if or gave rise to in case (o), stoting t lying couse last. PART II. OTH	he under-	IS <u>Con</u> tributing to death bu	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
AL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	LACE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. p. m.	Whi	£.	actory, street, affice bldg., etc	.)	
	actual SIGNATURE	at I attended the dece	058, and that death			S, that I last saw the deceased and on the date stated above 1, stote) DATE SIGNED ATE SIGNED
7	PHYSICIAN'S NAME (Type)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town,	
	BREMOVAL (Specify)	8-8-58	Mt. Tabor		Rocky Ridg	
23	Raymond E		Thurmont, Ma:		AUG 1 1 '58 246 REG	GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: Af his certificate has been signed by the attending physician and pletcy filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

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9062 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY I'V MARYLAND ra b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL YES NO T NAME OF 4. DATE Last Month Year Day DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BURTH Days Months DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HEWMARK ETMI 18. CAUSE OF DEATH [Enter only one cause perfine for (o), (b), and Lc). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1120.0 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** caese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO E 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) a. m. While Not while of wark of wark p. m. 21. I certify that I attended the deceased from 1952, that I last saw the deceased alive an , and that death occurred at M, from the causes and an the date stated above ADDRESS (Street, gly or Idwn, state) DATE/SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) FUNER, 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. Trans VS A15 (4) 15M 9/55 DATESEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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9063 CER

CERTIFICATE OF DEATH

0000				Reg. Dist. 146	•
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who	nd b. COUNTY	ian: Residence before Frederic	ore admission)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town ck, Md.	20 Years	c. CITY OR TOWN (If or Freder	itside corporote limits, write f LCK	RURAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION Frederick Memorial Hospita		d. STREET ADDRESS 315 Gr	ove Blvd.		e. IS RESIDENCE ON A FARMAY YES NO P
3. NAME OF First DECEASED (Type or print)	Malter	Kleist	4. DATE Mor OF Aug.	0.0	19 58
5. SEX Male 6. COLOR OR RACE 7. MARRIED White WIDOWED [B. DATE OF BIRTH NOV. 25, 189	9. AGE (In years last birthday) 60 yrs.	Manths Days	Haurs Min.
	olic Accounta			12. CITIZEN C	•A •
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME .		
Charles J. Kleist		Anna Joh	nson	•	
(Yes on or unknown) . If in		NFORMANT	Add	ress	
(Yes, no, or unknown) (If yes, give wor or dates of service)	4-10-5289	Mrs. Grace Kle	eist (Wife) 3	15 Grove	Blvd, City
1B. CAUSE OF DEATH [Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last. (c)	ncirony		L with nelsotices	ON	FEVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e. ji. p. m. 19 at work		NOT RELATED TO THE TERMIN O. (Enter nature of injury in Pr		VEN IN PART 1(a)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW HAJORI OCCURRED	o. (Enter nature ar injury in Fi	orriar rarrii ar iiem 16.j		
20c. TIME OF INJURY Manth, Day, Year 20d. INJU While at work	Nat while foc	ACE OF INJURY (Hame, farm, tory, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
21. I certify that I attended the deceased alive an 8 - 2 7 - 19 5	fram. $8-21-$ 2, and that death	occurred at 12 32	M, fram the causes o	and on the da	
ACTUAL SIGNATURE	Martin	the plant of the same of the s	DDRESS (Street, city or town,	state)	hy 8-26-5
PHYSICIAN'S REX R. MARTINAME (Type)			ast Church S	t. Frede	erick, Md.
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL Aug 30, 158	Mt. Olivet C	Cemetery	rederick.	or county) Marvla	(State)
23. FUNERAL DIRECTOR'S SIGNATURE 1201 DA II	N. Market St LEY'S FUNERAL	Fred 24a REC'D	BY REGISTRAR 24b. REGI	STRAR'S SIGNATU	RE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 oletely filled in by the funeral director, rs. Pages 1 and 2 shauld be filled with TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and plets page 3 should be detached or use as the burial-transit permit. Then please remave carbon pagers, the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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			SECRETAL SECTION AND ADDRESS.	
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		on against the same		TO SHOW

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate showld be executed within 24 hours after depth. If any delay is necessary, please execute the certificate, will get he ward "pending" in pencil in Item 18. Give Pages 1, 2, 4 d 3 to the funeral director. Page 4 shauld be forwarded by the Chief Medical Examiner's Office along with farm PM3. Por may be retained for your files.

TO FUNERAL DIRECTOR: Fage 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, at its designated agent, prior to burial, cremation, at removal, and in any exect within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9200

•	7000							Reg. Di	st. No.	
PLACE OF DEATH	d a m i a l -			2. USUAL RE			sed lived. If institution b. COUN		nce before a	(noissimt
	derick (If outside corporate limits, write	- Offinat	c. LENGTH OF STAY IN 1b	CITY OF	Fla					
and give nearest to	wn)		C. LENGTH OF STAT IN 18	c. CITY OF	(IOWN (ii	t outside car	porate limits, writ	e KURAL and	give nearest	town)
	ick R.F.D					e, Pa	lm Beac	h 4	-8 X	2
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET	ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Hen:		Middle	Los	t	4. DATE OF DEATH	Mon	ith T.C.	Day	Year 19 50
3. SEX	6. COLOR OR RACE		ED NEVER MARRIED	Lewis	1		August 9. AGE (In years	IF UNDER	YEAR IF U	NDER 24 HRS.
Male	C	WIDOWE			1899		59 yrs.	Months I	Doys Hour	
Oo. USUAL OCCUPAT	FION (Give kind of work king life, even if retired)	done 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHFI	ACE (Stole	or foreign c	country)	12. CITI2	ZEN OF WHA	AT COUNTRY
Laborer		*	******	רקד				71		
13. FATHER'S NAME				14. MOTHER'S		NAME			S.A.	
	Unknown				knowr					
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT			Addres	8		
Unknown	, , , , , , , , , , , , , , , , , , , ,		Unknown J	enkins !	Bros.	Recor	ds Fre	ederick	. Md.	
18. CAUSE OF DE	ATH [Enter only one cou	se per line							INTERVAL BET	IWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Cerebra	al home	nnh-				CINSET AND	
331x	DUE TO		Celent	at hemi	TTI	Re			20	days
Canditions, if	and which \									
gave rise to imm	ediote cause									-
(a), stating the	onderlying									
) (c) THER SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	VENI INI DADT	1/	E ALLTODOV
				TOT KED TED TE	TITE TERM	MAC DISEAS	CONDITION	TEN IN PARI	PER	FORMED?
20g. EXTERNAL C	ALICE MAS DO	L DESCRIPT	F. HOW IN HURY OCCUPATED AT						YES [NO
PRIMARY OF CO	ONTRIBUTING [DESCRIBI	E HOW INJURY OCCURRED. (E	nier nature of in	ijury in Par	t I or Part II	of ifem 18.)			
20c. TIME OF INJ			NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f. (City	or town)	(Cour	nty)	(State)
Hour o. m		While of wo	Not while Toch	ory, siteer, office	ulug., elc.	1				
21. I certify	that I took charge	of the I	remains described obo	ve, held on	Autops	у 🗍 . Іг	nspection 🕱	Inquiry	/ To c	and in my
			causes 🔂 Accident [_	Homicide		ermined m]
ACTUAL	617			CHIEF	EDICAL EV	AMINER [DATI	E SIGNED
SIGNATURE	12/16	200	mere	ETHI. D.						
EXAMINER'S NAME (Type)	B.O.Tho	omas				AL EXAMINE EXAMINER		ust I	8.195	8
20. BURIAL, CREMAT	ION, 226. DATE THEREC		22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town,			ofe)
REMOVAL (Specif	8-19-58		Unknown				urn Geor			
3. FUNERAL DIRECTO			ADDRESS		240. REC'I	D BY REGIST	The state of the s	ISTRAR'S SIGI	NATURE	
Charles E.	Hicks 111	Fred	erick, Marylan	d						
					DAIE	G 2 0 '5	8 L a	Thung &	Travel	

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	and an exemple of the second s	

1201 N. Market, Fred. M.

24a. REC'D BY REGISTRAR

DATE AUG 21 '58

24b. REGISTRAR'S SIGNATURE

Onthun & Hour

VS A15 (4) 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

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the registrar prior to burial, cromation, or removal, and in any event within 72 bours after death may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: As this certificate has been s page 3 shauld be detache

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

9	090		CERTIFICA	ATE OF DEAT	TH		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY		933		2. USUAL RESIDENCE (red. If institution		
	rederick		MARYLAND	Mary	land	D. CO01411	Frede	rick
b. CITY OR TOWN (RURAL ond give n	(If outside corporate lim	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write R	URAL and give	e nearest town)
Emmitsh	ourg		Life	X Emmits	burg			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)	d. STREET ADDRESS		17.72		e. IS RESIDENCE ON A FARM?
		Mai	Street	119 We	st Main	Stree	et	YES NO E
3. NAME OF DECEASED (Type or print)	Edwin	Frat	Middle aklin Ohler	Last	4. DATE OF DEATH	Mon A 11 071		Day Year 19 58
5. SEX	desir control and the		RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	February			Months Do	bys Hours Min.
10a. USUAL OCCUPATI during most of wor Sellir 13. FATHER'S NAME	rking life, even if retired	d)	kind of Business or indu luto.dealer	STRY 11. BIRTHPLACE (Sec	ote or foreign count	try)		N OF WHAT COUNTRY
	L G. Ohler							
IS. WAS DECEASED EV			SOCIAL SECURITY NO. 17.	INFORMANT	n Adeli	ne Kov		
NO NO	(If yes, give wor or dates of			Vince O.	Smith	Blue F	sidae,	Summet, J.
		44	ne for (o), (b), and (c).]	1				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 4	rteriosele	rolo Cardo	is Joes a	esca	2	15 Wess
422.1	DUE TO							
Conditions, if		b)						
gove rise to code (o), stoting	immediate (-						
lying couse lost.		c)	1 St. 15 15 16 1					
PART II. OT	HER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1((o) 19. WAS AUTOPSY PERFORMED? YES NO X
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II	of item 1B.)		
20c. TIME OF INJUI Hour a.m.	RY Month, Doy, Ye	20d, Il While of wor	Not while fo	ACE OF INJURY (Home, forctory, street, office bldg.,	orm, 20f. (City or etc.)	town)	(Cou	inty) (State)
21 I cartify the	hat I attended the	deceas	ed from Home	1000 10	3011-11	100	Abot I los	at saw the deceased
alive an	110001	10	-	occurred at	Or Jane			
diffe dil	1	1 750	, and mar dean	occurred di	ADDRESS (Street			date stated above
ACTUAL SIGNATURE	1 h	X	Calla	м.о. Ти	mels	burg	Mes	8-1-58
PHYSICIAN'S NAME (Type)	W. R. Cac			E	mmitsbu	rg, Md		
220. BURIAL, CREMATIC	A .		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	V (City, town, o	or county)	(Stote)
Durlal	.9-2-1	58	Elias Luth		- mmi	tsburg	r. Mar	vland
23. FUNERAL DIRECTO	'S SIGNATURE	,	LAPRES tsburg	9 Md . 24a. RE	C'D BY REGISTRAR		TRAR'S SIGN	
1. 1	1/1//	mi	Fried 188	Da DATES	SEP 3 '58	0.		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9065 CERTIFICATE OF DEATH

						Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	O. STATE IVI	ence (Where decease aryland	ed lived. If institution b. COUNTY	Frede:	
b. CITY OR TOWN (RURAL and give) Freder 1	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If putside corp.	orote limits, write RL	JRAL and give ne	arest fown)
d. NAME OF HOSPIT OR INSTITUTION	Memorial Hos		d. STREET AD	North Ma	ryland A	Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MANSON	MARLOW Middle	RRISON Lost	A. DATE OF DEATH	(Che	,	19 5 8
s. sex	6. COLÓR OR RACE 7. MARR	RIED NEVER MARBIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-21-1	880	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min.
RETIRED E	ON (Give kind of work done 10b. king life, even if retired) BRAKEMAN B	.&.O.R.R.CO		CE (Stote or foreign or ryland	country)	12. CITIZEN C	PF WHAT COUNTRY?
13. FATHER'S NAME	Edward Orris	on	14. MOTHER'S A	AAIDEN NAME	rtrude	Marlow	
	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	informant rs.Louel	la Orris	on, Brun	swick, M	aryland
	mmediate Dur TO	ngestive of	te Her	A Des	enl		PRVAL BETWEEN SET AND DEATH
\$ 26xx	HER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU				EN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	While	NJURY OCCURRED Not writte k of work	LACE OF INJURY (He octory, street, office I	ome, farm, 20f. (Cit bldg., etc.)	y or town)	(County)	(Stote)
21. I certify the alive on	A.A.Pearre	ed from Sal	3./, 19.5.∕, h occurred at /, M.D.	tolding M, fro			te stated abave
220. BURIAL, CREMATIC REMOVAL (Specify)	8-4-1958	22c. NAME OF CEMETERY C	•	22d. LOCA M1	ation (city, town, o	n, Maryl	and (Stote)
23. FUNERAL DIRECTOR	'S-SIGNATURE	swick, Maryla	and	24a. REC'D 8Y REGIS		TRAR'S SIGNATUR	

Material Control See Iven to large to 1 Islican Islance surreys bungging dayon of Tanamaran Market Cale to Goral 0841-15-8 brus Twent reference object each Mrs. Lobella Orgison, Branswick, Maryland The Committee Hand Villery Villen ertres . A. A. C. Peure Buttered, neovo.thbill De color | 830f-4-6-1 jakes basiyas, dolwamund

VS A1S (4) 1SM 9/SS

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
326	OFDTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

09079 Reg. Dist. No.

									110 81 010		
1. PLACE OF DEATH o. COUNTY	Frederick		MARY	LAND	2. USUAL RESID	erylar		ived. If instituti b. COUNTY			Imission)
b. CITY OR TOWN (I RURAL ond give no Frede:		, write	over 60 y			own (If or		te limits, write R	URAL ond gi	ive nearest	town)
OR INSTITUTION	TAL (If not in hospital, given orth Market		address)		d. STREET AL		th Mar	ket Str	eet	0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Cornelia First		Middle Dora		lost Philli		4. DATE OF DEATH	Mor Augu		Doy 27	Year 19 58
5. SEX Female		7 MARE	HER CHANGES MARKED D	2/4	Feb. 5-1		9	AGE (In years last birthday)			INDER 24 HRS.
Oa. USUAL OCCUPATION during most of work Housekeep	ON (Give kind of work diking life, even if refired)		kind of Business of the home		ry 11. BIRTHPL	ACE (Stote o	JUNE -	ntry)		J.S.A.	HAT COUNTR
13. FATHER'S NAME					14. MOTHER'S				7		
	Jackson	rea la		1.2 101		arah ((Don't.				
	R IN U. S. ARMED FORC (If yes, give war or dates of ser		social security no.		• Carl I	Biddir	nger-51	2 N. Ma			ryland rederic
Conditions, if o gove rise to i code (o), stoting lying couse lost.	mmediote (So	melety		uler de			CONDITION CIT	Thi hi gapt	100	AS AUTORSY
CATIC			,						VEN IN PARI	PE	RFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of	injury in P	ort I or Part I	of item 18.)			
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. IN While of work	Not while	20e. PLA foct	CE OF INJURY (Hory, street, office	lame, form, bldg., etc.	20f. (City o	r town)	(Co	ounty)	(Stote)
21. I certify the alive an	Br. Rex R.	195	and that	death	19 <u>56</u> occurred ot. 1.D. 35 E	SE	ADDRESS (Sire	the causes of the cause of	and an the state)	e date s	P-28-
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	8-30-195	_	22c. NAME OF CEME Mt. Oliv		CREMATORY		22d. LOCATIO	on (City, town,			(Stote)
23. FUNERAL DIRECTOR		W.	ADDRESS				BY REGISTRA	R 24b. REGI	STRAR'S SIG		
C. E. Clis	re & Sor	V	Frederick-	Mary	land	DATE AU	G 2 9 '58	a	Thun S.	traus	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9091		CERTIFIC	ATE OF DEA	ATH		Reg. Dist, N	No.
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	O. STATE	E (Where deceasery Land	ed lived. If institution b. COUNTY	rederi	efore odmission)
b. CITY OR TOWN RURAL ond give to Rural—M		ts, write	c. LENGTH OF STAY IN 16 25 yrs.	K c. CITY OR TOW Rural	201	orote limits, write RU	RAL ond give (nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street (oddress)	d. STREET ADDR		Leville		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	SAMUEL,	st	MARCELLUS	POOLE	4. DATE OF DEATE	Monti Aug	- 4	Day Year 19 58
5. SEX male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-14-186	9	9. AGE (In years lost birthdoy) yrs.	Months Day	AR IF UNDER 24 HRS. s Hours Min.
Farmer (r	rking life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	Mary	land	country)	U.	OF WHAT COUNTRY?
13. FATHER'S NAME	William H	enry	Poole	14. MOTHER'S MAI Kati	e Meal	7		
15. WAS DECEASED EV (Yes, no. or unknown) NO	(If yes, give war or dates of st	CES? 16.		informant r. W.G. N	orris,	Same	\$\$	
Conditions, if gove rise to codes (o), stoling lying couse lost	the under-	a	remares the steries cler CONTRIBUTING TO DEATH BU	the Circ	LOAN C		DELL I	72 hours 10 years 19. WAS AUTOPSY PERFORMED?
U (IF EITHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ury in Port I or Po	ort II of item 18.)		YES NO
ZOc. TIME OF INJU	10	While	NJURY OCCURRED 20e. P Not while for the control of work	LACE OF INJURY (Home actory, street, office bld	e, farm, 20f. (Ci g., etc.)	ty or town)	(Count	ty) (State)
21. I certify to alive on 25 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Janus	deceose 19.5	and that deat	45_, 19_51, to h occurred ot	6 30 pM, fro	0	nd on the o	saw the deceased dote stated above. DATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specify BURIAL)	ON, 226, DATE THEREO		2c. NAME OF CEMETERY OF Linganor			onville,	county) Md.	(Stote)
23. FUNERAL DIRECTO C e M . V		Winf	ADDRESS		REC'D BY REGIS		RAR'S SIGNAT	

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		Service Charles 100 Miles A	
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in lem 18. Give Pages 1, 2, and 1 to the funeral director. Page 4 should be farwarded to the Chieff lical Examiner's Office along with farm PM3. Page 5 may be need for your files.

TO FUNERAL DIRECTOR: Je 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buright cremotion,

or removal.

VS. A15ME(5) 5M 9/55

	3001				Reg. D	ist. No.
1. PLACE OF DEATH	rederick	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live aryland		ence before admission) Frederick
Frederick	If outside corporate limits, write RUI n)	c. LENGTH OF STAY IN 16 15 Days		outside corporote l ederick	limits, write RURAL on	d give neorest town)
	TAL OR INSTITUTION (IF no Memorial Hosp	t in hospital, give street address)	d. STREET ADDRESS	il Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle		4. DATE	Month	
(Type or print)	NELSON	HOLLINGER	REIFSNIDER	OF DEATH	August	30, 1958
5. SEX	6. COLOR OR RACE 7-		DATE OF SIRTH	- lost t	E (In years IF UNDER	
Male	White w	DIVORCED N	lovember 27,	1880 77	yrs. Months	Days Hours Min.
100. USUAL OCCUPATI during most of worki Retired	ON (Give kind of work done no life, even if retired)	Grain & Feed		or foreign country)	100	IZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	VAME		
	Samuel David	Reifsnider	Sara	ah Alberta	a Hollinger	r
15. WAS DECEASED EX (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES	a) les	N. Donovan		Rosemont Per, Freder:	Avenue, ick, Maryland
Conditions, if gove rise to imme (o), stating the couse last.	DUE TO	ASSIVE SUB-DURAL		EMORRHAGE		15 Days
PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN IN PAR	PERFORMED? YES NO
	USE WAS INTRIBUTING [] 20b. D	Fell Fown Flight		t I or Port II of item	18.)	
20c. TIME OF INJU	0 /2 = / = 0		E OF INJURY (Home, form ry, street, office bldg., elc Home			unty) (State) lerick Md.
		the remains described aboves , Accident , Suic	e, held an Autops ide, Hamicide		rmined cause	ry 🖒, and find the].
ACTUAL SIGNATURE	130 tho	mais	M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S D	r. B. O. Thom	as	ASSISTANT MEDICAL	10		8/31/58
Burial CREMATIC REMOVAL (Specify	Sept 2.195	8 Mount Olivet		Freder	City, town, or county)	(Stole) Marvland
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	24a. REC'	D 8Y REGISTRAR	24b. REGISTRAR'S SIG	GNATURE
M. R. Etc	chison & Son,	Frederick, Maryla	and DATE	SEP 3 '58	arthur 2	S. Thank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		9092		CERTIFICA	ATE OF I	DEATI	Н		Reg. D	ist. No.		
1, PLAC	CE OF DEATH OUNTY	rederick		MARYLAND	2. USUAL RESI		here decessed	b. COUNTY	_	nce befo		ion)
	TTY OR TOWN (IF URAL ond give ned Doubs	outside corporate limi rest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	Doub		rote limits, write R	URAL ond	give nec	resi low	1)
q. V	NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g	ive stree	et oddress)	d. STREET	ADDRESS					e. IS RES	FARMS NO
3. NAA DEC	ME OF EASED e or print)	IREN		Middle HARDY	RUS		4. DATE OF DEATH	Mon Augu		1	5 ,	Yeor 58
5. SEX	emale	6. COLOR OR RACE White		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT	_	1892	9. AGE (In years lost bythdoy) 65 yrs.	Months Months	Days	Hours	Min.
10a. US du	SUAL OCCUPATION Fing most of worki Housewif	ng life, even if retired		b. KIND OF BUSINESS OR INDU At Home		rgini		ountry)	12. CI		F WHAT	COUNTRY?
i3. FAT	HER'S NAME John 1	. Hardy			14. MOTHER'S			atthews				
	er unknown) (I	IN U. S. ARMED FOR yes, give wor or dates of so			NFORMANT • Kemper	C. F	lust-Sa	ame as It		2		
8	33/x conditions, if on ove rise to im ouse (o), stoting thing couse lost.	mediate DUE TO	OA	Genelora Leneraly Lyfarlenger S CONTRIBUTING TO DEATH BU	eg or	leri Greathe TERM	SCLU SCLU ME A INAL DISEAS	ROSIS Mekle E CONDITION GIV	THE EN IN PAI	3	PERFC	L/LL MUTOPSY PRIMEDZY
20c	a. ACCIDENT WAS CONTRIBUTING I	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture o	of injury in	Port I or Port	I If of item 18.)			YES [ио 🗗
WEDICAL 200	Hour o.m.	Month, Doy, Yes	20d. While	le Not while fo	ACE OF INJURY (clory, street, offic	Home, farn e bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
al AC SIG	TUAL SHELLING TO STATUS TO	at I attended the	18	and that death		1:35 Cerson	ADDRESS (SI	the causes of the city or town.	nd an t		te state	
220. BU	JRIAL, CREMATION	I, 226. DATE THEREO		22c. NAME OF CEMETERY C				IION (City, town, c	or county)		(Stot	e) rginia
23. FUN	VERAL DIRECTOR'S	SIGNATURE	,,,	ADDRESS			D BY REGIST	RAR 24b. REGIS		GNATUR		8-2-2-

requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 shauld be filed with D FUNERAL DIRECTOR: It this certificate has been signed by the attending physician and page 3 should be detact. For use as the burial-transit permit. Then please remove carbon the registrar prior ta burial, cremation, or remaval, and in any event within Zetrades after de ATTENDING PHYSICIAN: The law hospital or may be retained by the TO FUNERAL DIRECTOR: page 3 should be detact TO HOSPITAL OR VS A15 (4) 15M 9/55

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death.

VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH 9069 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Nonce d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NAME OF Middle 4. DATE Last Year Month Day DECEASED (Type or print) DEATH 011 19 S. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months! Hours Min WIDOWED DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) farm Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Francis Unionville, Staley, none 1B. CAUSE OF DEATH [Enter only one couse per-line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CATION PERFORMED? NO I 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from Sthat I last saw the deceased JOPM, from the causes and on the date stated above. and that death occurred at T ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 958 Cemeterv Middletown Reformed hirla Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE SEP 2

permit. gned PHYSICIAN: 50 detache TO FUNERAL DIRECTOR: page 3 shauld be detac priar the registrar VS A1S (4)

Company,

Middletown, Md.

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VS A15 (4) 15M 10/57

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ertificate be executed within 24 haurs after death. Pages	director,
fter death.	he funeral
haurs	d in by the
ed within 24	physician and paletely filled in by the funeral director, emove carbon papers. Pages 1 and 2 shauld be filed with a house offer down
e be execut	physician and emove carbon paper
ertificat	physici remove

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9070

Reg. Dist. No.

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	. 7	V	U	0	77

	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryl	e deceased lived. If institution and b. COUNTY	on: Residence before admission) Frederick
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Frederick	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out		URAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give 806 North Market Street	street address)	d. STREET ADDRESS / 806 Nort	h Market Stre	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF First DECEASED (Type or print) LUREN	Middle E ALVIN	STALEY	4. DATE Mon OF Augu	
	350-1 - 350-1 + -	MARRIED NEVER MARRIED A	B. DATE OF BIRTH February 11,	9. AGE (In years lost birthday) 70 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	Five & Dime Stor			12. CITIZEN OF WHAT COUNTRY USA
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Lewis Staley			Zimmerman	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates of service) NO	(e)	• Roland B. St	aley- Same as	
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. C) PART II. OTHER SIGNIFICANT CONDIT	Cornary 7	NOT DELATED TO THE TERMIN	ALDISEASE CONDITION GIVE	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
0	ІСАТІ	b. DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO.
	20c. TIME OF INJURY Month, Day, Year Haur a. m.	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the de alive an ACTUAL SIGNATURE PHYSICIAN'S Dr. B. O. Thorname (Type)		accurred at 3:50A	M from the causes of porcess (Street, city or town, 1 Building	that I last saw the deceased and an the date stated above store) DATE SIGNED 8/31/58
	220. BURIAL, CREMATION, 22b. DATE THEREOF Creamation Sept. 2, 1950	8 Fort Lincoln		2d. LOCATION (City, town, or Bladensburg	
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE Orthor S. Kraus

					wed.	7131, 110.
1. PLACE OF DEATH	ederick	MARY	2. USUAL RES	Marylan	b. COUNTY	ence before admission)
b. CITY OR TOW RURAL and giv	N (If autside carporate limits e neorest tawn)	310	IN 16 c. CITY OR	TOWN (If dutside carpo	prate limits, write RURAL one	d give nearest fawn)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospitol, given the spitol) of the spitol of the spito	e street address) Hospital	d. STREET	ADDRESS		e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or print)	ARCHI	F Middle	STIMA	A E L OF DEATH	Manth	Day Yeor
5. SEX		7- MARRIED NEVER MARRI WIDOWED DIVORCE	-		9. AGE (In yeors lost birthday) Months	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
Buse ba	working life even if retired)	Profession	or industry M. Births	LACE (State or foreign co	ountry) 12. C	ITIZEN OF WHAT COUNTS
Edwa	erd H. S.	timuel	14. MOTHER	s mainer name	Barrick	35.57
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCE (If yes, give war or dates of ser	ES? 16. SOCIAL SECURITY NO vice) 189-07-069	A, Mr.	file L. Cut	Leall Wood	daloro, mi
PART 1.	DEATH [Enter only one cau DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	se per line for (o), (b), and (c).	Thrombs	res		INTERVAL BETWEEN ONSET AND DEATH
gove rise to cotse (a), stati		Artuindus	tic Certes	-Vasenla	a Desoil	5 agears
PART II.	OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED T	O THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOT	WAS UNDERLYING 12 11 11 11 11 11 11 11 11 11 11 11 11	206. DESCRIBE HOW INJURY C	CCURRED. (Enter noture	of injury in Port I ar Por	t 11 of item 18.)	
20c. TIME OF IN Hour o. p.	m. 10	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY factory, street, office	(Home, form, ce bldg., etc.)	or town)	(County) (State
21. I certify alive on	that I attended the	1000	death occurred a		n the causes and on treet, city or town, stote)	last saw the deceas the date stated above DATE SIGN A- Aug 181
PHYSICIAN'S NAME (Type)	E, A. D	ETTBARN				
Buria.	2 8/19/2		ETERY OR CREMATORY	ry Won	TION (City, town, or county	(Stote)
23. FUNERAL DIRECT	arten	Walkersy	ille, red.	DATE AUG 2 0 '5		- 1 -

aletely filled in by the funeral director, its. Pages 1 and 2 shauld be filestwith TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 this certificate has been signed by the attending physician and or use as the burial-transit permit. Then please remove-carban crematian, ar remaval, and in any event within 72 hours after de may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been sit page 3 should be detached for use as the burial-transit

pletely filled in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

this certificate has been signed by the attending physician and the use as the burial-transit permit. Then please-remove carban crematian, ar remayal, and in any event within 72 hours after de

may be retained by the hospital or attending physician.

page 3 should be detached the registrar prior to burial.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09087

9072

Reg. Dist. No.

1. PLA o. C	CE OF DEATH	rederick		MARYL		o. STATE	Maryla		d lived. If institut b. COUNTY		nce befo deri		iion)
b. C	RURAL and give n	If outside corporate limi earest town) rederick	ts, write	c. LENGTH OF STAY IN	N 16		rown (If o		rote limits, write f	RURAL ond	give nec	arest lown	1)
d. 1	OR INSTITUTION	TAL (If not in hospitol, g				d. STREET A		ast St	reet			e. IS RES ON A YES	FARM?
DEC	ME OF CEASED pe or print)	Raym		Middle Henry		Stone		4. DATE OF DEATH	Aug		1)		Year 1958
5. SEX	lale	6. COLOR OR RACE White		RIED X NEVER WARRES	T-10	July 30		5	9. AGE (In years lost birthday) 63 yrs.		Days	Hours	ER 24 HRS. Min.
dı	Fibre ma	king life, even if retired		KIND OF BUSINESS OR	INDUST	Mar	rland		ountry)	12. CI		A.	COUNTRY
13. FA	THER'S NAME					14. MOTHER'S			7 amle				
15 W/		avid Stone ER IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO.	17 INF	ORMANT	Virgi	inia B		dress	Ma		
(Yes, no	o, or unknown)	(If yes, give war or dates of s	ervice)	214-10-2035			ond H.	Ston	е-412 Еа		Fr	ryla	ick-
18		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	ine for (o), (b), and (c).]	an	1 il		•			200	ERVAL BE	TWEEN DEATH
6	Conditions, if a gove rise to i ovse (o), stating ying couse lost.	mmediate (4	Lyber teus	nou	lar a	Me	dent			4	eas	The
CERTIFICATION	PART II. OT			ECHTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1167 1	PERFO	AUTOPSY PRMED?
	o. ACCIDENT W. R CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in f	Port I or Port	I II of item 18.)				
MEDICAL	c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	20d. While of wo	Not while	PLAC facto	E OF INJURY (ry, street, office	Home, form bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
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N/	11111	r. James T					reder		Maryland				
B	urial	Aug. 18-	1958					Rock	rion (City, town, cy Ridge-	- Mary			e)
23. FU	E CO	es signature Wi	on	ADDRESS / Frederick	-Mar	yland		UG 1 8		Istrar's si			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9073	CERT	TIFICA	TE OF DEATH	1		Reg. Di	st. No.	(, -	
1. PLACE OF DEATH o. COUNTY	Frederick	S MA	RYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased l	ived. If institution b. COUNTY	on: Residen	leri	e odmiss	ion)
b. CITY OR TOWN (RURAL ond give n	outside corporate limits, eorest town) Frederick	write c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (IF o			URAL ond	give nea	rest fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, given none 12	West 13th St	•	d. STREET ADDRESS / 12 West	13th St					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	GLENNA	Midd RHEA		PRINE tost	4. DATE OF DEATH	Mon Aug	m gust	21		Year 19 58
5. SEX Female	White	MARRIED NEVER MAR	CED 8	DATE OF BIRTH2, 19	9.	AGE (In years last birthdoy) yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
during most of wor	king life, even if retired)	10b. KIND OF BUSINESS housewif		11. BIRTHPLACE (Stole Marylan		ntry)	12. CI1		S.A	COUNTR
13. FATHER'S NAME WILL	IAM H. MILLER	2		14. MOTHER'S MAIDEN N CLARA	FUSS					1
	R IN U. S. ARMED FORCE			FORMANT Ir. Roy O Str	ine (Hu	usband)	12 W.	13	th S	t.
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Iny, which (b) mmediate the under:	Dufei	losis	of lives	Stor			INTE ONS 3	RVAL BE ET AND	TWEEN DEATH
PART II. OTI	AS UNDERLYING 20			NOT RELATED TO THE TERMIN			EN IN PAR	T 1(o) 15	PERFO YES	RMED?
	MEDICAL EXAMINER) RY Month, Day, Year 19	20d. INJURY OCCURRED While Not while of work at work	20e. PLAG	CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (City or	town)	(0	County)		(Stote)
21. I certify the alive on	nat I attended the di 8 - 19 - Rex R		at death	occurred at 1245	ADDRESS (Street		nd on th		e state	
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CE 1958 Mt. Ho				odsboro		/lan	(Stote	:)
23. FUNERAL DIRECTOR		ADDRESS			BY REGISTRA	R 24b. REGIS		SNATUR	E	

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A CONTRACTOR OF THE STATE OF TH			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS nemera NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) 1-12-9. AGE (years last birthday) IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH Months WIDOWED [DIVORCED C yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO right High Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20f. (City or town) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection R, Inquiry D, and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

69089

e. IS RESIDENCE ON A FARM?

YES NO M

Year

Hours

ONSET AND DEATH

PERFORMED? YES 🗍

DATE SIGNED

(Stote)

NO M

(Slole)

1955

Min.

Day

30

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

VS. A15ME(5) 5M 9/55

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220. BURIAL, CREMATION, 22b. DATE THEREOF

EUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

COLD STATE OF STREET

09090

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTE rederick Maryland Frederick MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Myersville Insaant Rural- Mversville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Rt.#40 and Church Hill road Route # 1. Church Hill YES I NO X NAME OF 4. DATE Middle Month Day Year DECEASED EDGAR WARRENFELTZ August 1958 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Iln years IF UNDER TYEAR IF UNDER 24 HRS. 1894 male white WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Ret Farmer Own Gen Farm U.S.A. Frederick Co. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Soula J. Warrenfeltz Clara Palmer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 836 Virginia Ave. Mrs.Dora Abdallah. ves Hagerstown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: instant Chrushed Chest IMMEDIATE CAUSE (a) DUE TO Automobile Accident Canditions, if any, which gave rise to immediate couse DUE TO (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | struck by eastbound auto, Rt. #40and Church Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 1958 While Nat while of work Rt.# Nr.Mversville,Fred.Co.Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas DEPUTY MEDICAL EXAMINER Aug. 23, 1958 NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) St. John's Luth. Aug.26 Nr. Myersville, Fred.Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAPS 246. REGISTRAR'S SIGNATURE Bittle Myersville, Md. DATE

4 should be prior ano after 2, an pe Pages 1. EXAMINER: DEPUTY MEDICAL FUNERAL cute the farwarde 0 0 VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9094

CERTIFICATE OF DEATH

Reg. Dist. No.

09091

1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE W	here deceased lived.	If institution, Residue. COUNTY FT	dence before admission)
b. CITY OR TOWN (IF	autside carporate limits, write rest tawn)	c. LENGTH OF STAY IN 16 20 Years	c. CITY OF TOWN (IF		nits, write RURAL an	d give nearest town)
Rt OR INSTITUTION	(If not in hospitol, give streederick	et address)	Rt. # 2	Freder	ick	e. IS RESIDENCE ON A FARM? YES TO NO
3. NAME OF DECEASED (Type or print)	u sie First	Amanda	webb lost	4. DATE OF DEATH	Month	22 Year 19 58
s. sex Female	white	RRIED HEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH July 16, 1	883 9. AG	E (In years IF UND birthday) Month	S Doys Hours Min.
during most of working Housewif	ng life, even if retired)	b. KIND OF BUSINESS OR INDU	Virginia Virginia			CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Obedia	h Fulcher		14. MOTHER'S MAIDEN Elizabe	th M. Fu	lcher (
	IN U. S. ARMED FORCES? I yes, give war ar dates of service)	6. SOCIAL SECURITY NO. 17.	H. Hyter W	ebb Ga	Address aithers b	urg, Md. RF
PART I. DEAT	H [Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronslep-	pnenn	one		INTERVAL BETWEEN ONSET AND DEATH 2
Canditions, if an		Det Cara	Linc Dela	Talion		2 x line
gove rise to im casse (a), stating the lying cause lost.		with Jenlin	many kd	lema		
PART II. OTHI	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Port II af i	tem 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Whi		LACE OF INJURY (Home, for actory, street, office bldg., etc.)	m, 20f. (City or tov	/n)	(County) (State
21. I certify the	at I attended the dece		, 1950, ta C	1		I last saw the decease the date stated above
ACTUAL SIGNATURE	30 tom	- as a second	M.D.	ADDRESS (Street, ci		DATE SIGN
PHYSICIAN'S NAME (Type)	B. O. Thor	LOLS	Fred	terrek	D.	red.
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	1, 22b. DATE THEREOF 8→25→58	22c. NAME OF CEMETERY C			City, tawn, or county	
23. FUNERAL DIRECTOR'S		Laytons vil		D BY REGISTRAR	24b. REGISTRAR'S	
Olong aw o	7 11 -	tonsville. M		UG 2 6 '58		2 Harris

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 oigal or attending physicion.
This certificate has been signed by the attending physicion and its use as the burial-transit permit. Then please remove carbon cremation, ar remayal, and in any event within 72 hours, after de TO FUNERAL DIRECTOR: After the page 3 should be detached of the registrar prior to burial? cre. VS A15 (4) 15M 9/SS

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letely filled in by the funeral director, s. Pages 1 and 2 shauld be filed with

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CERTIFICATE OF DEATH 9075 I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Frederick Maryland deoth. b. CITY OR TOWN (If outside corporate limits, write funerol c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Frederick Rural- Frederick Vrs. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION (Clifton Route 2 NAME OF First 4. DATE Middle Lost Month Weisburger (Type or print) DAVID DEATH August 0. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH 11-15-1892 Male White 66 угз Oa. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)

Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) Amporter & Diamond Merchant (Wholesale) puo New York carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anson Weisburger Fannie Vogel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. David O. Weisburger-Rt. 5- Frederick-Md. Yes Wwar 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.0 DUE TO Conditions, if ony, which signed gove rise to immediate **DUE TO** coese (a), stating the underlying couse last. PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY meumones 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. m. While Nat while at work at wark 195 Lithat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 12:30AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL L E. Church St. shoul PHYSICIAN'S Frederick-Maryland H.V.Chase NAME (Type) may be r 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Lee Crematory Cremation Washington- D.C. 0 23. FUNERAL DIRECTOR'S SIGNATURE W **ADDRESS** 24a. REC'D BY REGISTRARS 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09092

Reg. Dist. No.

Frederick

Day

9th

U.S.A.

Manths

IF UNDER 1 YEAR IF UNDER 24 HRS. Days

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(State)

0 day.

(County)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

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1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

5. SEX

(Type ar print)

FEMALE

13. FATHER'S NAME

NO

lying couse lost.

p. m.

REMOVAL (Specify)

CATION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9095 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) FREDERICK o. STATE b. COUNTY MARYLAND FREDERICK b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
WALKERSVILLE 50vrs WALKERSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? FULTON AVE. FULTON AVE. YES NO First Middle 4. DATE Lost Month Day OF DEATH 19 58 FANNIE MAY WILHIDE AUG 31st 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last bythday) Months Doys WHITE JAN 30- 1868 WIDOWED T DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN HOME MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME GEORGE FITEZ JEMIMA WARFIELD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) MRS HELLEN REIGHTLER WALKERSVILLE 0 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while While 19 at work of wark august 9 58 that I last saw the deceased

20c. TIME OF INJURY Month, o. m.

21. I certify that I attended the deceased from and that deoth occurred of AM, from the couses and on the date stated above. ADDRESS (Street, city grytown, ACTUAL SIGNATURE

PHYSICIAN'S JAMES E. STONER jr NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY MT HOPE

22d. LOCATION (City, town, or county) WOODSRORO MD

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** WALKERSVILLE MD

SEPT 2-1958

24g, REC'D BY REGISTRAR SEP 3

24b. REGISTRAR'S SIGNATURE Cirina S. Traus

(Stote)

VS A1S (4)

OF THE PARTY SHARES AND ADDRESS OF THE PARTY AND

SHILL THE PERSON LINES TO

VS A15 (4) 15M 9/55 N

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9096 CERTIFICATE OF DEATH

Reg. Dist. No.

	keg. Dist. 140,
1. PLACE OF DEATH O. COUNTY TO A DE LE LE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Frecerica	MENTIONS FREGNICK
RURAL and give nearest town)	c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)
Kurd - Mt. Hiry Brears	X Kyrd - Mt Airy
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Yenn shop Road	Veny Shop Kd. YES NO
3. NAME OF DECEASED (Type or print) Jenkins Fannie Nov	Last ADATE Month Day Year OF DEATH A UDILS + 26 19 58
	B. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED []	1-30-1887 lost birthdoy) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton Biggus	Isabelle Thomas
	VFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	s.Anna M. Dotson, Same
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinou	
170 X DUE TO	
Canditians, if any, which) (b)	
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
). (Enter nature of injury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. p. m. 19 While Nat while at work 1 at work 1	tory, street, affice bldg., etc.)
	19.58, to 19 that I last saw the decease
alive on 1912, and that death	occurred at 1135 P.M. from the causes and on the date stated above
ACTUAL SIGNATURE 11 B. Culevell	ADDRESS (Street, city or town, state) DATE SIGNED AD 10 10 10 10 10 10 10 10 10 10 10 10 10 1
PHYSICIAN'S NAME (Type) W.B. CU/Well	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-OR	CALINATORY. 22d. LOCATION (City, town, or county) (State)
BURIAL 8-30-1958 John Wesle	L
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
C. M. Waltz, Winfield, Md.	DATE AND DO STOLED OF STOLED AS

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